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My experience of the DFCASA exam including recommendations to potential candidates

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ABSTRACT

My experience of the new Diploma in the Forensic and Clinical aspects of Sexual Assault and how this could be used as guidance for future candidates.

1. Introduction

I was delighted and honoured to be asked to write a short article about my experiences of the DFCASA examination. I knew it had been as challenging a process to those setting the exam as to those sitting it and I suspected that both the examiners and examinees felt they were guinea pigs in this new venture.

The Diploma in the Forensic and Clinical Aspects of Sexual Assault [DFCASA] was instituted by the Society of Apothecaries of London in 2009, with the purpose of setting national quality standards for the professional care that doctors and nurses provide for victims of sexual abuse and violence. I was therefore in the first tranche of doctors to attempt this examination. I will set the scene by giving you a brief résumé of my medical background and reasons for taking this examination. I have worked as an associate specialist in sexual health for over 20 years and undertook a weekend training course in sexual assault run by the Metropolitan Police some 13 years ago. The course speakers were full of enthusiasm for their subjects and I found the whole weekend absolutely fascinating and was easily convinced to go immediately onto the Metropolitan Police rota for sexual assault, despite having no training in statement writing or court room skills. In those days, no shadowing was offered and I was just expected to learn by experience. I was thrown completely into the deep end and had the baptism of fire with my first case- a stranger male rape which went straight to the Old Bailey- luckily resulting in a conviction! Having survived this ordeal, I felt I could cope with anything and cope alone I did. As I lived in Kent at that time, once the Havens opened, I moved my allegiance to the Kent Police, where I have remained working as a sexual offences examiner [S.O.E] ever since and was involved in the setting up of one of the first few Sexual Assault Referral Centres [SARCs], the premises housed within my clinic of genito-urinary medicine [GUM]. Working entirely alone, with no support, no clinical governance, no experts to ask advise from and no peer review, I felt that for me it was essential to achieve some credibility by undertaking this examination. Until very recently I was the one female to five male examiners on the rota, and working in the hospital, I rapidly developed a very good rapport with the Paediatricians and assisted them with all the child sexual abuse examinations, both acute and chronic. I quickly gained a lot of practical experience in the field, but again felt I could not back this up with any paper qualifications. I had attended numerous training and updating courses on at least a yearly basis, but these only provided a certificate of attendance and included the Havens adult and child sexual assault courses [2009], Bond-Solon training in court room skills [2006], and the BASPCAN course on physical signs of child sexual abuse [2008].

The advent of the DFCASA Examination was the opportunity I had been looking for. Not as weighty a task as sitting the membership for the Faculty of Forensic and Legal Medicine [FFLM], and with less emphasis on medical law and ethics, but nevertheless a very useful grounding in the principles and practicalities of sexual assault medicine.

2. The examination syllabus and courses attended

The examination for the Diploma is divided into two parts. Part 1 is a theoretical examination related to branches of medico-legal

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and clinical practice. It consists of single best answers, and there is no negative marking. Part II is a clinical competency assessment. There are three options, DFCASA [adults and children] or DFCASA a [adults only] or DFCASA c [children only] but all these options must include the examination of adolescents. I opted to be examined on both adults and children.

The syllabus for the examination [which can be downloaded from Apothecaries website] looked reasonably reassuring, in that it emphasised that the aim of the DFCASA was to guarantee a *BASIC* competency in examining and providing initial care to complainants of sexual assault and a theoretical knowledge of the *BASIC* facts around medico-legal enquiry. However there was a long reading list. Even before deciding to sit the DFCASA examination, I had booked to attend the St Mary's, Manchester course on the Practice of Forensic and Medical Examination for Rape and Sexual Assault [FMERSA] and this was to prove to be the perfect grounding and preparation for the examination and covered in depth all the aspects I felt less familiar with, such as the Mental Capacity Act 2005 and medical ethics. I would advise everyone who is contemplating the DFCASA Exam to perhaps first attend this course, which although expensive was incredibly helpful and also put me in touch with many of the experts in sexual assault who were also setting the exam questions! So I felt I was in really safe hands and if they didn't know what I needed to know in order to pass the exam, then no-one did! However a word of warning, the FMERSA course involves 12 days of programmed lectures and visits, an examination, 2 written assessments, one of which was a 5000 word essay and various observed visits and examinations, so I would not advise anyone to do what I very foolishly did - study for both the DFCASA and FMERSA concurrently, resulting in me not giving my full attention to either course of study. For me the situation was even worse because I was also undertaking my membership training and examination in Psycho-sexual medicine at the same time! It may now be possible for candidates to adequately prepare themselves by using the new e-learning course for the DFCASA, recently developed by the FFLM. There are also now e-learning courses to prepare for the MFFLM. However there is a cost to these e-learning courses, which can be accessed at http://fflm.ac.uk/education/e-learningcourse/

3. The reading list

The reading list for the DFCASA was comprehensive and although I did read a part of most of the key texts, I actually think that if you could afford to attend the FMERSA course and also read Cath White's excellent new book-Sexual Assault, A Forensic Clinician's Practice Guide [2010], and the relevant chapters of the standard textbook, Clinical Forensic Medicine −A Physician's Guide by Margaret Stark, you would hardly need to read other references, apart from covering a few specialist areas such as:

1. The Mental Capacity Act 2005.
2. The Child Protection Companion.
3. GMC Publications on Confidentiality and Consent.
4. Updated guidelines from FFLM on collection of forensic specimens from complainants and suspects and guidance for best practice for the management of intimate images that may become evidence in court.
5. If you are not working in sexual health, the BASHH guidelines, including the UK guidelines on the management of adult and adolescent victims of sexual assault [2010] and the management of STIs and related conditions in children and young people [2009].
6. Emergency contraception guidance-Faculty of Sexual and Reproductive Healthcare.

4. The examination

The theoretical part of the exam was more gruelling than I had bargained for. Each question began with a plausible clinical scenario, and just to read and digest this information took some time and concentration, and bearing in mind that there were 120 of these questions, I needed every minute of the 3 h just to complete all the questions and had no time to go back over anything I was uncertain about. In many ways I think I found this part of the exam more difficult than someone who was much newer to sexual assault work, as I thought too deeply about every question rather than looking for the obvious answer. There were quite a few questions regarding government statistics, and I could probably have prepared for these better. Overall it was a fair examination but perhaps with a few too many complex clinical scenarios.

Prior to completing part 1 of the examination, I had given no thought as to exactly what part II might entail and only looked at the syllabus when I knew I had passed part 1. I was horrified to discover that it wasn't just the OSCEs I needed to do in the autumn but prior to this I was expected to complete a compendium of validated evidence [COVE] and a case portfolio of 13 cases of up to 1000 words each and all this to be completed in just over 2 months time! My advice is, that all of this is probably too much to complete in one year and it would have been a lot easier if I had decided to postpone part II by 6 months and allowed myself more time to leisurely complete the COVE and case studies. The first problem with the COVE was to find a suitable clinical validator and educational supervisor. This is probably easy enough if you are working in a Haven's or St Mary's type of environment where there are lots of forensic experts to consult, whereas if you work in isolation as I do, this can be a tricky issue. In the end, I used my consultant in GUM who was the Dean for post graduate medical education and obviously had a vast amount of experience in education and training, as my educational supervisor and a combination of a consultant community paediatrician who I had worked very closely with, and the consultant in GUM as my clinical validators. It also took some time to find the correct clinical mix of interesting cases for my portfolio as the guidelines were quite prescriptive about exactly how many cases of which sort were required, for example, they required one case with decreased capacity, and three of pre-pubertal children. The most difficult thing to complete however was the observed criminal case as I had so little time to arrange this and then write up the case. Some of the problems I encountered have now been addressed by the Society of Apothecaries, as the time frames have been relaxed, permitting the COVE and portfolio to be submitted within 3 years of the date of part 1 entry.

The final hurdle was the OSCEs, which I viewed with much trepidation, having qualified as a doctor long before OSCEs were invented. In the event, I felt that these proved better than anything else at testing just how competent you were in forensic medicine. It was however a very long and tiring morning. There were 13 stations with no rest station or any break at all. As in the theoretical exam, there were scenarios, sometimes clinical, to read before you entered each station and the actors were so believable that it often felt like the real thing-they even cried! I felt totally exhausted and emotionally drained long before completing all the stations and therefore lost marks through my failure to adequately read and understand what was being required of me, particularly as for some of the more practical tasks we were asked to complete, there was barely enough time to complete all parts unless you were incredibly organised. The practical tasks were the bread and butter of sexual assault and so not difficult, but I admit to my shame that these were the two stations I failed due to total exhaustion, poor time management and an inability to concentrate on undertaking a performance related task under pressure. So, my advice would be

to have a good night's sleep before you attempt this exam, be prepared for a very long morning and do not allow yourself to lose concentration for a single moment, and most of all make sure you have clearly understood exactly what is being expected of you before you enter the station. I think there is probably some room for fine tuning to be carried out by the examiners on this part of the exam particularly, but overall it was a very positive experience and I hope that many doctors and indeed, also forensic nurse examiners will undertake and pass this competency based examination.

I would like to thank all the examiners and personnel from the Faculty and Apothecaries who gave so much thought and consideration, and indeed so much of their valuable time and commitment to making this exam a fair and reasonable process and most importantly a success.

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